In conclusion, I would urge the adoption of some brief arbitrary affix or prefix in place of the words commissure and ganglion. He who limits himself to a study of surface contours will not appreciate the absence of such abbreviations as much as he who is compelled to wade through the labyrinth of the internal cerebral structure.

*Gris* for *Ganglion* would perhaps do; thus *Grishabena*, *Gristegmentum*, *Grisfastigium* for *Ganglion habenæ*, *Ganglion* and *Nucleus tegmenti*, *Nucleus fastigii*. The term *nucleus* is a very unfortunate one, as it has another and very different meaning which, in my experience as a teacher of cerebral anatomy, has led to confusion in the mind of every beginner. Professor Wilder, who appears to be as much at home in etymology as in cerebral anatomy, will solve these problems no doubt better than I could pretend to.

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Among others, the following articles have been recently published on the anatomy and physiology of the nervous system:

LEWIS: Methods of preparing, demonstrating, and examining cerebral structure in health and disease, *Brain*, vol. 4, No. 1, April, 1881. MICKLE: Cerebral localization, *Journ. Mental Science*, April, 1881. POOLEY, T. W.: Some fallacies of physiological experimentation regarding nerves and muscles, *N. Y. Med. Record*, March 26th. PREYER, W.: Theory of color-blindness, *Centralbl. f. d. Med. Wissench.*, Jan. 1. MANN: A contribution to the study of nervous diseases—somnambulism, catalepsy, *Med. & Surg. Rep.*, June 18, 1881. ENGEL: Descending sclerosis of the tract for tactile sensations and coördination; locomotor ataxia, its anatomy, physiology, pathology, diagnosis, and treatment, *Am. Specialist*, June and July, 1881. SIEFFERT: Spinal meningitis, *Indiana Med. Rep.*, May, 1881. SANDERS: A study of primary, immediate, or direct hemorrhage into the ventricles of the brain, *Am. Journ. Med. Sci.*, July, 1881. HUTCHINSON: Case of spinal inflammation due to traumatism, *Mich. Med. News*, May 25, 1881. FERGUSON: Peripheral paraplegia, *Can. Journ. Med. Sci.*, June, 1881. DICKINSON: Two cases of cerebral embolism, *Brit. Med. Journ.*, May 21, 1881. ALTHAUS: Lecture on the physiology and pathology of the olfactory nerve, *The Lancet*, May 21, 1881. CROTHERS: Clinical studies of inebriety, *Med. & Surg. Rep.*, May 7, 1881. BEARD: Terminology of trance, *N. Y. Med. Rec.*, May 21, 1881. BIXBY: Case of hystero-neurosis, *Boston Med. & Surg. Journ.*, June 30, 1881. MILLS, C. K.: Four cases of tubercular meningitis, *Med. & Surg. Reporter*, July 2, 1881.

"These accidents which occur in the form of attacks repeated at varying intervals, sometimes present all the characters of syncope, sometimes their symptoms partake at once of the characters of syncope and the apoplectic attack. There are, finally, cases in which epileptiform movements, with change in the coloration of the face, foaming at the mouth, etc., occur. The pulse, which in the intervals was, on the average, 30 or 40 per minute, becomes still slower during the attacks, falling to even as low as fifteen beats a minute. It may even stop altogether momentarily. The attack always begins like syncope ; the apoplectic state with stertor comes next, at the moment when the pulse, suppressed for an instant, reappears, and when the pallor of the face gives way to flushing."

M. Charcot is led to believe that the cause of the slowing of the pulse and the accompanying accidents, must be sought for in the spinal cord and medulla.

In a recent thesis on the same subject by Dr. Blondeau (1879) we find an analysis of seventeen observations of permanent slow pulse, from which it follows that advanced age is a predisposing cause of this anomaly, all the cases being aged persons from at least fifty years to seventy and above ; and that by the side of this we must place alcoholism and depressing emotions, misery, chagrins ; that the duration of the accidents is usually long, varying between one and a number of years ; that their termination is ordinarily serious, death occurring most frequently (10 times out of 17 cases) in a very sudden manner. The temperature is generally lowered, but the thermometric observations leave something to be desired. The respiratory disorders in some of the cases (6) apparently resembled those which, like the pupillary dilatation and vomiting observed in some of the cases, were manifestly of bulbar origin. The heart in seven cases revealed to auscultation nothing abnormal; in four cases there were simply palpitations, and in only three cases was there a little fatty alteration of the heart. Finally, in sixteen out of the seventeen cases epileptic or epileptiform attacks occurred, under the form of *grand* or *petit mal ;* either the syncopal attacks preceded the convulsive symptoms, or vertigoes, or fainting spells, followed by a period of unconsciousness.

Comparing these three orders of symptoms, the epilepsy, the cardiac or respiratory disorders, and the retardation of the pulse, which all appear to be factors of the same morbid condition, M. Blondeau demands whether it may not be possible to explain this state by the existence of an alteration in the medulla, exercising on the heart a moderating influence through the pneumogastric and the cervical sympathetic.

Finally, in the article *Pouls* in the *Nouveau Dictionnaire de Médicine et de Chirurgie Pratiques*, by Dr. Aug. Rigal, the permanently slow pulse is mentioned as coëxistent with syncopes and epileptiform attacks that lead us to refer all these symptoms to a disorder of medullary innervation in which an abnormal excitation of the nuclei of the pneumogastric will account for the retarded cardiac impulse, and to be considered as the indication of a condition which, with a deceptive appearance of harmlessness, frequently terminates in sudden death. We find also, in support of this theory of cardiac retardation, some observations reported by Rosenthal, and by Th. Halberton, in which slow pulse was the sequence of an interesting injury to the cervical cord, and a case of Thornton's where the same phenomenon was observed in a syphilitic female, presenting the symptoms of cerebral syphilis. We have also observations by Stokes and M. Cornil, in which the slowness of the pulse was apparently due to a fatty condition of the myocardium.

WRITERS' CRAMP.—Wernicke has lately found a peculiarity which, if present in all instances, sheds an entirely new light on this affection. In an ordinary case reported to the Berlin Physiological Society (*Arch. f. Phys.*, 1881, p. 197), he observed an isolated paralysis of the extensor pollicis longus muscle, which muscle according to Duchenne, is not immediately concerned in the act of writing. However, it is of decided influence on the position of the thumb, and hence the author believes the paralysis to be an etiological factor in the disease.

THE NEURO-MUSCULAR HYPEREXCITABILITY IN HYSTERIA.—The following is an abstract of a more extensive memoir in the *Archives de Neurologie*, by MM. Charcot and Paul Richer, which we take as published in advance in the *Gaz. des Hôpitaux*, No. 37, Mar. 29.

Among the somatic phenomena that characterize the condition of artificial hypnotism in hysterical cases, there is one that consists in a special aptitude of the muscle to contract under the influence of mechanical excitations, and which one of us, at the beginning of our researches on the subject in 1878, has described under the name of *neuro-muscular hyperexcitability* (Charcot).